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Catholic Teaching on Contraception and Sterilization

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THERE is perhaps no aspect of medical ethics in which the line between "Catholic" and "non-Catholic" thought is more clearly drawn than the question of artificial birth-prevention: that is, contraception and direct sterilization. I do not mean, of course, that all Catholics live according to the Church's teaching, for this is obviously not true. Nor do I mean that all Catholics understand what the Church teaches. It is not unheard of that even good Catholic physicians occasionally ask whether certain patients may get "permission" to have a direct sterilization or to practice contraception. They would certainly not ask such questions if they really understood the teaching of the Church.

Nor do I mean that all non-Catholics disagree with what the Church teaches. I have seen statements by non-Catholic individuals and groups that agree perfectly with our own teaching. But these are unquestionably in the minority. As for non-Catholic physicians, in particular, I think it is rather typical that even very competent and conscientious doctors, whose general attitude toward the child-bearing function is both wholesome and reverent, think that there are *some* cases in which artificial birth-prevention is the only reasonable solution to an acute problem.

Because of the decided difference between Catholic and non-Catholic views in this matter, and because it is concerned with everyday life and is not of merely rare occurrence, it is important that physicians have a clear understanding of what the Church teaches, of the reasons underlying this teaching, and of its practical implications. The purpose of the present article is to explain these three points; yet before I do so, I should like to deal with what I might term an "approach" problem.

It is sometimes said that there is no such thing as "Catholic ethics"—that the truths of ethics concern the natural law and can be learned by reason alone, without the aid of divine revelation or the teaching of

the Church. All this is true; but it is not the whole truth. And because it is not the whole truth it can be misleading and the cause of unnecessary misunderstandings. The whole truth is to be found in the complete teaching of the Church regarding the power of reason to know the natural law. It is of no little importance, it seems to me, to explain this teaching, even though it may take considerable space, before proceeding to the three points mentioned above. The article, therefore, will have four parts: I. Man's Power to Know the Natural Law. II. Official Catholic Teaching on Artificial Birth Prevention. III. The Reasons Underlying this Teaching. IV. Some Practical Applications in the Sphere of Medicine.

I. MAN'S POWER TO KNOW THE NATURAL LAW

In the encyclical *Humani generis*, one of the most important theological documents of our time, Pope Pius XII acknowledged the power of human reason when he said that "absolutely speaking, human reason can, by its natural power and light, arrive at a true and certain knowledge of the one personal God Whose providence watches over and governs the world, and also of the natural law which the Creator has written in our hearts." But the Pope hastened to add that "not a few obstacles prevent reason from using its natural ability effectively and profitably. For the truths that have to do with God and the relations between God and men, transcend completely the sensible order, and where there is question of their practical application and realization, call for self-surrender and self-abnegation. In the acquisition of such truths the human intellect is hampered not only by the impulses of the senses and the imagination, but also by evil passions stemming from original sin. As a result, men readily persuade themselves in such matters that what they do not wish to be true is false or at least doubtful.

"It is for this reason that divine revelation must be called morally necessary, so that those religious and moral truths which are not of their nature beyond the reach of reason may, also in the present condition of the human race, be known by all with ease, with unwavering certitude, and without any admixture of error."

In theological language, *divine revelation* refers to the communication of truth to man by God. In nature itself God makes some communications: the visible things of this world speak to us of the invisible things of God—they tell us of His existence, His power, and so forth. This is called *natural* revelation. Over and above this, God has spoken to us through the Patriarchs and Prophets of the Old Law, and through His Son and the Apostles in the New Law. It was to this latter, which is

called *supernatural* revelation, that Pope Pius XII was referring when he used the expression "divine revelation." And in speaking of this supernatural revelation he implied a distinction that is very familiar to Catholic theologians. Supernatural revelation contains some truths that we call *mysteries*: e.g., The Blessed Trinity, Original Sin, The Incarnation, etc. For us to know these truths supernatural revelation is *absolutely* necessary: the unaided human reason could never discover them. On the other hand, supernatural revelation contains some truths which, though very profound in their implications, are already indicated in natural revelation and are not absolutely beyond the power of reason: e.g., the existence of God; that God is the first cause of all things; that He governs the world by His providence; that we must worship God; that we must be just to our fellow men; etc. Such truths pertain to natural religion; and by careful study man can learn much about them, even without the special aid of supernatural revelation.

Nevertheless, in life as it is actually lived, many obstacles hamper men in attaining an adequate knowledge of the natural truths just by the use of their reason. For one thing, the truths themselves, as the Pope observed, are suprasensible: long study and close reasoning are often required for gaining a clear knowledge of them. Moreover, as regards the natural law, the principles and conclusions are often "hard to take," because they impose obligations that "call for self-surrender and self-abnegation." Then, too, passions and prejudices make it difficult to see, and particularly to accept, these conclusions. To these difficulties, the Pope might have added others explained by St. Thomas Aquinas in his *Summa contra gentiles*: e.g. that many men lack the leisure for a serious study of these fundamental natural truths; that others lack interest; and that still others lack the necessary mental equipment.

Some or all of the difficulties just mentioned are more or less the common lot of mankind and have been such since the fall of Adam. It is for this reason that the Vatican Council taught that, although supernatural revelation is not an absolute requisite for knowing the natural truths of religion, yet it is a *moral*, or *practical*, necessity for knowing such truths with ease, with certitude, and without any admixture of error. The Vatican Council did not expressly mention the natural law as a part of the truths of natural religion; but theologians have always understood that it was in some way included. The *Humani generis* expressly included it.

The official custodian of divine revelation is the Church. This has been the constant teaching of Catholic theology; it was so understood by the Vatican Council; and it was clearly indicated by Pius XII at the

beginning of the *Humani generis*. Two years later, in a radio message on "The Christian Conscience as an object of Education," the Pope made this point even clearer as regards moral precepts:

"But where," he asked, "can both the educator and one to be educated find the Christian moral law with ease and certitude? In the law of the Creator, engraved in the heart of every man (cf. Rom. 2: 14-16), and in revelation, that is, in all the truths and precepts that the divine Master taught. Both of these—the natural law written in the heart, and the truths and precepts of supernatural revelation—Jesus, our Redeemer gave to His Church as the moral treasure of humanity in order that she might preach them to all creatures, explain them and hand them on intact and safeguarded from all contamination and error from one generation to another."

In the preceding paragraphs we have clear official statements of the Catholic teaching that (1) supernatural revelation is a practical necessity for an adequate knowledge of the natural law; and (2) that this revelation has been entrusted to the Church to be preserved and explained. It follows therefore that the teaching of the Church is a practical necessity for an adequate knowledge of the natural law, and we should not be surprised or shocked when those who lack the benefit of this teaching are in error as to the existence or extent of some obligations. It follows also that the complete truth is not expressed by the statement that there is no such thing as "Catholic ethics." This is certainly true in the sense that the duties studied in ethics are duties of *human beings*, regardless of the religion they profess; and for this reason we cannot admit two objective standards in matters of medical ethics: one for Catholics, the other for non-Catholics. The statement is true also in the sense that men can learn much about the natural law without the guidance of the Church. But it is definitely not true in the sense that the generality of men can get a clear and adequate knowledge of the natural law, especially as regards its finer points, without the guidance of the Church. In our age this guidance seems to be particularly necessary in the matter of artificial birth prevention; and it has been given repeatedly and solemnly by the two recent Popes, Pius XI and Pius XII.

II. OFFICIAL CATHOLIC TEACHING

The official Latin text of the encyclical on Christian Marriage, issued by Pope Pius XI on December 31, 1930, is divided into three parts. The first part is positive, explaining Christian marriage in terms of its beauty and blessings. The second part is negative, and is con-

cerned with false theories and abuses. The third part is constructive, outlining the steps to be taken to preserve the beauty of Christian wedlock and to eradicate or forestall the abuses.

First among the abuses of marriage discussed by the Pope is contraception—that is, the frustrating of the marriage act. Several times in the course of this section he refers to this practice as something intrinsically against nature; and he makes it clear that no reason, howsoever grave, even the direst financial condition or the illness of the mother—conditions to which he refers with the most profound sympathy—can justify such an act. Moreover, in this same section is found the following paragraph, which is perhaps the most solemnly-worded statement in the entire encyclical:

"Since, therefore, openly departing from the uninterrupted Christian tradition some recently have judged it possible solemnly to declare another doctrine regarding this question, the Catholic Church, to whom God has entrusted the defense of the integrity and purity of morals, standing erect in the midst of the moral ruin which surrounds her, in order that she may preserve the chastity of the nuptial union from being defiled by this foul stain, raises her voice in token of her divine ambassadorship and through Our mouth proclaims anew: any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with the guilt of a grave sin."

These solemn words, as well as the context of the encyclical, leave no room for doubt about the absolute position of the Catholic Church as regards the moral status of contraception. It is not in the class of acts (e.g., certain mutilations) which are occasionally justified for good reasons; rather, it is *absolutely* and *always* wrong. There can be no question of a justifying reason, nor of a "permission," for even one act of contraception. The only possible excuse is a subjective one, such as, for example, ignorance of this divine prohibition.

The encyclical did not deal directly with the broad problem of medical sterilization, but it explicitly condemned eugenic sterilization, whether involuntary or voluntary. The Pope insisted on the principle that the state has no power to mutilate an innocent man against his will; and he added, in another rather solemn passage which applies to all mutilations, that the individual himself does not possess the right of self-mutilation, except in so far as this is required for the good of the whole body.

Shortly after the publication of the encyclical on Christian Marriage, the Sacred Congregation of the Holy Office was asked: "What is to be thought of the so-called 'Eugenic' theory, whether 'positive' or 'negative,' and of the means which it proposes for the improvement of human progeny, in disregard of the laws, natural, divine, or ecclesiastical, pertaining to marriage and the rights of individuals?" The reply given by the Holy Office, with the approval of Pope Pius XI, was: "That theory is to be absolutely disapproved, held as false, and condemned, as is declared in the Encyclical on Christian Marriage, *Casti connubii*, of 31 Dec., 1930." This reply was given on March 21, 1931. Almost ten years later the same Sacred Congregation was asked: "Whether the direct sterilization of man or woman, whether perpetual or temporary, is licit." The reply, dated February 24 and officially approved by Pope Pius XII, stated: "In the negative; it is forbidden by the law of nature, and, as regards eugenic sterilization, it has already been condemned by the Decree of this Sacred Congregation of 21 Mar., 1931."

Several points are worth noting about this last-mentioned decree (1940). First, it is explicitly limited to *direct* sterilization: that is, to any procedure by which sterility is *purposely* induced. (When sterility is merely the unintentional by-product of some therapeutic procedure—e.g., removal of cancerous ovaries or tubes—the sterilization is *indirect*.) Secondly, it clearly includes all kinds of direct sterilization, and is not limited to eugenic.¹ Thirdly, it includes procedures which are designed to effect a merely temporary sterilization. (A recently-discussed example of this would be the use of phosphorylated hesperidin—as was clearly and completely explained by Father John J. Lynch, S.J., in his articles in LINACRE QUARTERLY for August and November, 1953.) Lastly, the decree states without qualification that all these forms of direct sterilization are against the natural law.

My final citation of the teaching of the Church will be taken from the address given by Pope Pius XII on the moral problems of married life, October 29, 1951. The following paragraphs, taken from the third part of that address, contain a splendid summary of all the documents previously cited:

"Our predecessor, Pius XI, of happy memory, in his encyclical *Casti*

¹Some theologians hold that the decree concerned only the sterilization of the innocent and that the question of punitive sterilization (that is, sterilization as a punishment for crime) was not included. The statement of Pope Pius XII on the moral problems of married life (which is included in this article), as well as his address to geneticists on September 7, 1953, may be cited in favor of this view. For our purposes here it suffices to limit the question to sterilization of the innocent; and certainly all forms of direct sterilization of the innocent, whether voluntary or involuntary, are included in the Holy Office decree of 1940.

connubii, December 31, 1930, solemnly proclaimed anew the fundamental law governing the marital act and conjugal relations: that any attempt on the part of the husband and wife to deprive this act of its inherent force and to impede the procreation of a new life, either in the performance of the act itself or in the course of the development of its natural consequences, is immoral; and that no alleged 'indication' or need can convert an intrinsically immoral act into a moral and lawful one.

"This precept is as valid today as it was yesterday, and it will be the same tomorrow and always, because it does not imply a precept of human law but is the expression of a law which is natural and divine. Let Our words be your unfailing guide in all cases where your profession and your apostolate demand of you a clear and unequivocal decision.

"It would be more than a mere want of readiness in the service of life if the attempt made by man were to concern not only an individual act but should affect the entire organism itself, with the intention of depriving it, by means of sterilization, of the faculty of procreating a new life. Here, too, you have a clearly-established ruling in the Church's teaching which governs your behavior both internally and externally. Direct sterilization—that is, the sterilization which aims, either as a means or as an end in itself, to render child-bearing impossible—is a grave violation of the moral law, and therefore unlawful. Even public authority has no right, whatever 'indication' it may use as an excuse, to permit it, and much less to prescribe it or to use it to the detriment of innocent human beings. This principle had already been enunciated in the above-mentioned encyclical of Pius XI on marriage. Therefore, ten years ago, when sterilization came to be more widely used, the Holy See found it necessary to make an explicit and solemn declaration that direct sterilization, whether permanent or temporary, of the man or of the woman, is unlawful, and this by virtue of the natural law from which the Church herself, as you well know, has no power to dispense."

* * * * *

CONCERNING REFERENCE MATERIAL

A valuable booklet is *The Encyclical "Humani Generis,"* by A. C. Cotter, S.J. It contains the original Latin text, with a readable English translation on opposite pages, also an excellent commentary. In my quotations from this encyclical I used Father Cotter's translation, with only a few changes of punctuation. The booklet is published by the Weston College Press, Weston 93, Mass.

In his *Summa theologia* (I, q.1, a. 1) St. Thomas Aquinas says that supernatural revelation is necessary even as regards the truths about

God that can be known by reason because without this revelation only a small number of men would gain this knowledge, and even they would take a long time and would not avoid many errors. In Book I, Chapter IV, of his *Summa contra gentiles* he explains these points in a profound, yet simple and common-sense manner. Anyone who reads this short chapter thoughtfully should realize that Catholics are very reasonable in looking for the guidance of the Church even in matters that concern the natural law.

My quotations from the encyclical on Christian Marriage are taken from the translation published by the Paulist Press. For the addresses of Pope Pius XII on the moral problems of married life and on the education of the Christian conscience, I have used the translations given in *Catholic Documents* (VI and VIII), but I have not followed these literally. The translations of the decrees of the Sacred Congregation of the Holy Office on the eugenic theory and on direct sterilization are taken from *The Canon Law Digest*, by T. L. Bouscaren, S.J.

(The third and fourth parts of this article will appear in a subsequent issue of LINACRE QUARTERLY.)

Many requests continue to reach
THE LINACRE QUARTERLY office
for the following articles:

Is Therapeutic Abortion Scientifically Justified?

R. J. Heffernan, M.D., and W. A. Lynch, M.D.
(February 1952)

and

A Plan FOR Parenthood

The series of articles on the operation of an
Infertility Clinic in one Catholic hospital
and some moral phases of infertility problems
(May 1954)

Reprints are available at 25c for each.



The Happiest Year

by EVELYN ATKINS

THE happiest year of our lives began with an ending, and ended with a beginning. A strange and mysterious thing, as I look back on it. The war years had been fraught with uncertainty — moving about the country from one army post to another, following Charlie, my doctor-husband, with a young son and a cocker spaniel in tow. The overseas separation came along, and with it long periods of anxiety and no news. At last came the aftermath — home again, trying to tie up the strings where they had broken. Instead of the long-awaited "they lived happily ever after," life became a series of seemingly endless and painful adjustments. And so I found myself in the throes of what the doctors called a "simple depression" — a six-month spell of the blues. Life, for no good reason, looked very dark indeed.

Then, early one June morning, I looked out of the window with new eyes. The world was really a very lovely place — with the sun shining warmly on the new green leaves of the trees, the roses bloom-

ing so gorgeously. The words of the poet came to mind,

*"Oh, what is so rare as a day in June,
Then, if ever, come perfect days..."*

The veil had lifted. Suddenly, I knew again that "God's in His heaven, all's right with the world." That was the beginning.

When things go wrong, everything seems to be getting worse; when things go right, everything seems to be getting better. One good thing led to another. We had two sons, and had long hoped for another child. It seemed like a futile dream, after so many years. And now, amid the general feeling of well-being and happiness, we discovered that indeed we were to be blessed again.

Our joy knew no bounds — everything was possible now that this minor miracle had occurred. It was almost too much to ask that the child might be a little daughter — we had just hoped secretly a little. As this happy period went along, another good thing happened. My husband had long wanted to enter a certain specialty in medicine, but the opportunity to do so had never presented itself. Now, when he had just about given

up the idea, a residency in this specialty was being considered at a nearby hospital, and he was told that he would have the position when the matter was settled. This again was something to look forward to and plan for.

I learned anew the truth that motherhood is the natural state of woman. Never had I felt or looked better. I was rosy, robust — and rotund! To be carrying a child gives a great feeling of security. As the scheduled day arrived, the inevitable symptoms told me that our child was getting ready to enter the world, and I must put my house in order. I was full of the joy of expectation, and went quickly about my tasks of doing laundry, finishing up some curtains and getting grandma to care for the children. It looked at the last minute as if I would also have to drive myself to the hospital, but my husband was finally located on his calls and took me there himself. Someone loaned me a little book of prayers for mothers in childbirth. Propped up in bed, I read these for the first few hours, and found they helped me to keep calm and cheerful.

I had asked my doctor to allow me to be conscious during the delivery, for I felt I had missed the greatest moment of all by being asleep at the time. Unfortunately, I did not have the physical stamina to go through delivery without any pain-relieving drugs; but the type

of anesthesia permitted me to be fully conscious, so that when the baby was born I heard a chorus of voices say, "It's a girl!" And then I heard her cry. Truly this was the most marvelous moment of my life. In a minute or two the nurse brought her over to me to see, and I was so exultant I could only keep saying, "Isn't she beautiful! Isn't she a darling!" To me she was the most beautiful creature I had ever seen. I could see from my husband's shining eyes, looking down at me over his white mask, that he agreed with me.

It seemed impossible that she was really mine. I lived in a state of ecstasy for hours afterward. Only one who has been through the same thing can really understand what I felt. I was also starving (I always get hungry when I'm happy!), and Charlie brought me a chicken sandwich that tasted simply delicious. I had never known it was possible to have such joy in this world. All I could do was to keep sending my rosaries joyfully up to God. My husband could hardly contain his pride and pleasure at having the long-desired little girl—who looked just like him! I had the added happiness of being able to nurse her—a bit of a struggle at first, but so rewarding in the sense of well-being and closeness of mother and child as to be heartily recommended to all mothers. The child thrived, and so did I. When we all drove home on Holy Saturday, and the older boy car-

ried the baby proudly in, followed by an excited younger one, there was a new sense of completeness to our happy family.

Often, during the next two months, when I was sitting in the rocking chair nestling the little baby, I had such a glow of happiness that I'd pray a little: "I know that such great joy can't last always, dear God, but it's so wonderful that I can only say thank You, thank You, and may I accept the bad times that may come and remember this wonderful time."

Shortly after the baby's birth the expected residency materialized, and my husband attacked his new work with great zeal and enjoyment. It seemed to be a stimulus for him to be studying again, and he took large volumes of medical books to bed with him at night to pore over. He was continuing his private medical practice evenings after his long hospital day, and though he was very tired, he loved the work.

Then it was early June again. Our climbing roses were in full bloom, and Charlie was taking a few minutes after the long, hot day to inspect his beloved garden. After that, a quick supper and back to the office. Back after eight, and all of us sitting together in the kitchen, eating something cool. My husband was telling the older boy that it was time he took over mowing the lawn, and that both boys should try to be more helpful to

me, now that I had so much extra work with the baby. The boys were off to bed at last, and we sat down to relax with a bit of television. Charlie complained of indigestion, but he had had it so frequently in the past year, especially while I was carrying the baby, that we thought little of it. We went up to bed, and he sat up in bed rubbing his chest. I became alarmed, and asked him if I should call a doctor. He said no, and asked for a cup of coffee. Something prompted me, while I was getting it, to call the heart specialist who lives nearby. He came soon, and the pain kept getting worse. The doctor was very calm, as all good doctors are, and so was Charlie.

"Starting tomorrow I'm giving up my private practice," he said, and then added jokingly, "if it isn't too late!" The doctor gave him an injection, and Charlie lay back on the pillows resting, while the doctor and I sat nearby, talking casually. Charlie said that the pain seemed to be easing up a little. We all sat there quietly and calmly. Then suddenly, there was a spasm, and Charlie was unconscious, and breathing deeply. The doctor did what he could, but when I asked him if there was any hope, he told me the truth. He suggested I call the priest and the family. By the time anyone came it was all over.

After the last rites had been administered and everyone had gone downstairs, I stole back into

the room and knelt down alongside the bed. Somehow there seemed to be a sense of peace about the room—as if all were well.

I have read that the room a Christian has died in becomes a sanctuary, and so it seemed now. My stunned mind drew some comfort from that. The priest came in and prayed a little with me, then drew me gently away and asked to see the baby and the other children. The little baby was my solace, and the boys my strength. The infant was at the beginning of the great adventure of life, and her father at the beginning of his Great Adventure. I could almost feel the weight of the cross descending upon my shoulders, and yet, as

time went on, I began to understand what Our Lord meant when He said, "My yoke is light, and my burden is sweet." The way has been made easy for me each day, somehow, and new pathways of which I never would have dreamed have opened up to me. I never have had a real sense of loss, for I always feel Charlie to be close to me, helping me to make decisions, making the road easy. Sorrow, yes — remorse, never. Each has received his own—I, my cross, my husband his crown—the beginning and the end.

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The Catholic Physician

P. H. YANCEY, S.J.

Moderator

Catholic Physicians' Guild of Mobile, Alabama

MEDICINE has always been intimately linked with religion from the earliest times and among all peoples. In the Western World the physicians are said to have been the *Asclepiades* or priests of *Asclepios*, the Greek god of healing, more familiarly known by his Latin name of *Aesculapius*. Hippocrates of Cos, generally recognized as the "Father of Medicine," belonged to the *Asclepiades*. Of course, these early priest-physicians relied chiefly on magic, since little real knowledge of the causes of disease then existed. Nevertheless, it was fitting that those who ministered to the body should also have the soul's welfare at heart.

Christianity did not change this relationship appreciably. We know that Our Blessed Lord used miracles of healing as the most potent argument for His Divinity and the truth of His teaching, so much so that He has often been called "The Divine Physician." The Apostles, too, as well as later saintly missionaries to heathen lands, also relied a great deal on healing to convince unbelievers of the truth of Christianity.

When the faith had been firmly established and there was no longer any need for such miracles, the healing art became separated from the priesthood, though the Church always fostered the study of medicine by laymen in her universities. Vesalius, Fallopius, Fabricius, the teacher of William Harvey, and Thomas Linacre, physician to three English kings and founder of the Royal College of Physicians, are names famous in the annals of medicine.

Unfortunately this close relationship between religion and medicine was disturbed by the religious upheaval of the 16th Century. More and more there was a tendency to separate medical science from all religious influence. This reached its peak during the so-called "Age of Enlightenment" in the 18th Century which led to the machine-concept of life in general and to the complete denial of the soul in man. This has had dire consequences not only for religion but also for medicine.

In the first place, it has tended to dehumanize the practice of medicine. For, whereas formerly the object of the physician's care was a person, especially in the case of the old family doctor, whom he knew

intimately (often having brought him into the world), now, too often, the patient is only a "case." At its best, this approach led to a false scientific detachment; at its worst, to the horrors of human experimentation, as practiced by certain German physicians during the Nazi regime. Neither of these approaches is proper to a Catholic physician.

What, then, is the proper attitude of the Catholic physician toward his profession? To begin with, he must be thoroughly imbued with the dignity of his calling. For while, of course, like any other career it has to provide him and his family with a decent living, he should not have taken it up or now pursue it merely with the idea of making money. While this is not common, there are not lacking in the medical profession men of this type. They are the ones who are largely responsible for recent undeserved attacks on the profession as a whole. But the Catholic physician while not neglecting medical economics, will also not forget Christ's poor but, considering his knowledge as a gift of God, will devote a certain amount of his time and skill to bringing them also the benefits of his art.

Then there are some who look upon the practice of medicine in the same way as say a biologist, a chemist, or a physicist looks upon his profession, that is, simply as an experimental science divorced from any other considerations. As most of you know, I would be the last to decry a truly scientific approach to medicine. For more than thirty years I have been engaged in giving students the maximum of scientific preparation for the study of medicine and encouraging them both before and after graduation not only to learn the most they can of what has already been discovered but also to advance by their own research the science and art of medicine.

Nevertheless, it is not only possible but also a fact that some practitioners in their supposed zeal for "scientific" medicine, think nothing of transgressing moral law and, if they think they can get away with it, even civil laws. Of course, it has been demonstrated time and time again that this is not only bad morality, but also bad medicine. All of you are familiar with many such practices. Still, due to the fact that some Catholic physicians either do not have the time or the inclination to find out what is really scientific in such cases they sometimes feel themselves at a disadvantage *vis-a-vis* their non-Catholic colleagues. It is one of the purposes of the Guild to keep the Catholic physician up to date on such debated questions.

The proper attitude of the Catholic doctor towards his profession is to look upon it as a *vocation* in the same sense as the priest regards his life work. It is truly a "calling" and the One who calls is the same Lord

Who said to His Apostles, "You have not chosen Me but I have chosen you; and have appointed you that you should go and bring forth fruit; and your fruit should remain." (Jo. 15:16)

It is not necessary for the doctor, anymore than for the priest, to have been given any special revelation, such as St. Paul received on the way to Damascus, in order to be "called." All that is necessary in both cases is that they have the proper qualifications, the desire, and the will to fulfill the requirements of their respective callings. The difference between such a vocation and a mere career lies in its motivation. A true vocation comes from God and its acceptance is based on the motive of love of God. It is true that this is more apparent in the priestly vocation because of the nature of the priest's life and work. However, it is not less true of any other vocation, particularly of that of the physician. For who approximates closer the function of the priest than the doctor? The priest (and often the doctor himself) generates through baptism new children of God; the doctor brings them into the world. The priest nurses their souls with the Bread of Life and heals their spiritual wounds in the sacrament of penance; the doctor performs similar functions with respect to their bodies. And, while the priest prepares the soul for its last journey, the physician does all in his power to make this transition as peaceful as possible.

Finally, while it has long been recognized that the physical condition of the body is often reflected in the soul, there are certain diseases of the mind that require more than drugs or surgery. The physician who knows not only his medicine but also his religion and what it has to offer to these suffering members of Christ's body, will really deserve to hear on the Day of Judgment those words of Our Blessed Savior, "Inasmuch as ye did it to one of my least ones, ye did it unto Me. Come ye blessed of My Father."

Let me end with the significant words of St. Paul to the Corinthians (I, 1, 26) "See your vocation, brethren." You have within your power more than is given to most men to influence for good or for evil your fellow men. If you consider your profession a real call from God to cooperate with Him in creating and preserving human life, you will be as Christ once said of His disciples as it were "gods" and will deserve to be made sons of God and heirs of heaven.

Father Yancey is Chairman of the Department of Biology, Spring Hill College, Mobile, Alabama, and Moderator of the newly formed Catholic Physicians' Guild of Mobile. The above address was delivered at the Guild's first meeting.

A Topical Index to Moral Problems of Medicine

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FOREWORD

THE index which follows has been compiled primarily for physicians and for others whose professional duties bring them frequently into contact with medico-moral problems. In no sense of the word does it profess to be an exhaustive catalogue of the literature on the subject. Doctors ordinarily do not have extensive theological libraries at their disposal, nor do they enjoy the leisure to consult a great variety of sources. Hence, by the very practical consideration of the doctor's convenience, reference material has for the most part been restricted to the literature which is more readily available to the average Catholic physician.

Fortunately, however, that necessary restriction is no great handicap from either the medical or moral viewpoint. We are blessed here in America by having a number of eminent moralists who have devoted much of their time and exceptional talent to the medico-moral field, and who have written much on the subject in medically popular publications. Names such as Gerald Kelly, S.J., Charles J. McFadden, O.S.A., Francis J. Connell, C.S.S.R., John C. Ford, S.J., are by-words wherever Catholic medical men gather. Such men have earned the highest respect of doctors and theologians alike; and their writings alone provide a rich thesaurus of sound opinion on morality in matters medical. Hence it is by way of mere explanation, and in no sense apologetically, that admission is here made of the quantitative limitations of the index.

While theologians will find the bibliography far from adequate for many of their purposes, it is hoped that they will nevertheless find it at least a time-saving device in their more extensive research into problems of medical morality. And hospital chaplains will discover a few items which have been inserted precisely for their benefit, pertaining as they do to priestly functions rather than to the role of doctor.

STRUCTURE OF THE INDEX

Wherever possible, reference is first made to Fr. Kelly's *Medico-Moral Problems*. Several reasons urged this "primacy of honor," among them the hope that no Catholic physician would be without these priceless booklets. Based as they are on the *Code of Ethical and Religious Directives for Catholic Hospitals*, they offer from the wealth of the author's practical experience and theological acumen lucid, straightforward, and trustworthy answers to the moral problems which most commonly occur in medical practice. (The *Code* and four booklets of *Medico-Moral Problems* available for \$2.00 a set. Order from The Catholic Hospital Association, 1438 So. Grand Blvd., St. Louis 4, Mo.) Wherever extant literature makes it feasible, they also contain convenient references to pertinent theological and medical source material; and (a feature scarcely to be despised) they are priced within the range of even an intern's limited budget. It will frequently happen that a doctor's specific doubt in a given instance will find its ready solution, either expressly or by obvious analogy, in one or another volume of this series, abbreviated within the index as MMP, with the volume number in Roman numerals.

For comparable reasons LINACRE QUARTERLY (LQ) has been accorded second place in the hierarchy of reference matter. For over twenty years this periodical has admirably fulfilled its professed purpose of being "a journal of the philosophy and ethics of medical practice." Either through the medium of formal articles, or more recently in the additional form of trenchant "Medico-moral Notes," scarcely an issue has appeared without practical and valuable expression of some ethical aspect of medical science. It would be hard to imagine a Catholic hospital without a standing subscription, or a Catholic doctor who would not include it as a "must" on his reading list. (Send subscriptions to LINACRE QUARTERLY, 1438 So. Grand Blvd., St. Louis 4, Mo. Yearly rate, \$2.00.)

It is regrettable that the earlier numbers of this publication have apparently become something of a rarity. Fordham University in New York and of course the LINACRE QUARTERLY office in St. Louis are known to have the entire series, and doubtlessly some other Catholic libraries throughout the country have been as provident. (LINACRE would appreciate information as to the availability of collections for reference purposes.) All numbers, however, have been included in the index for the benefit of the comparative few who may have easy access to even the earlier issues.

It is not to the dishonor of *Theological Studies* (TS) that this

eminent quarterly is relegated to third place among the reference material. Devoted primarily to speculative theological discussion, it usually leaves to publications of a more popular mold the task of providing solutions for practical moral problems. Consequently it is not the type of periodical that one would expect to find in the average doctor's library.

One perennial feature of *Theological Studies*, however, for which moralists have been universally grateful, is the annual survey of current moral theology inaugurated by John C. Ford, S.J. (F), later continued by Gerald Kelly, S.J. (K), and most recently (1954) co-authored by both (K-F). Almost from the beginning the survey has devoted considerable space to medico-moral questions, and has never failed to report most clearly and objectively on current differences of theological opinion, nor neglected to indicate the practical conclusions derived therefrom. Only rarely will it happen that a characteristically medical problem discussed within the survey will not also have received attention in the professedly medico-moral literature already mentioned. But the survey's special value in our present context would consist in the source material it offers for further research into the ethical aspects of medicine. Hence *Theological Studies* is included in the index. (Yearly subscription rate is \$5.00 for the U. S., \$5.50 for Canada; single copies may be obtained for \$1.25. The business office is located at Woodstock, Md.)

Reverse chronological order (from the more to the less recent) has been observed whenever either LQ or TS offers more than a single discussion of one and the same question. In most cases that particular sequence of citation could scarcely be defended as anything more than a personal quirk; but in other instances it appears to have definite advantages, and hence for the sake of consistency that order has been observed throughout. In some moral questions there has occurred a certain evolution of doctrine, due either to recent decisions of the Holy See which have put an end to legitimate disputes of the past, or to more exact medical data made available over the years, or to a better appreciation of that data on the part of theologians. Such problems, for example, as ectopics, artificial insemination, rhythm, various indications for indirect sterilization etc., must today be solved according to medical or theological evidence which was not always available. And yet for historical purposes the older literature also has its place and importance and has been included in every instance.

SOME SIGNIFICANT OMISSIONS

Except in isolated cases, where adequate moral treatment of a topic is best available in book form, deliberate effort has been made to restrict

references to periodical literature of a professedly medico-moral nature. The average doctor cannot be expected to have acquired an extensive theological library; nor can most Catholic hospitals afford to finance more than a limited number of theological titles for general staff use. Furthermore, if such books should be provided either in the staff room or in the hospital library, it would be a coals-to-Newcastle project to re-index their contents. In some instances, however, books are cited; and it must be left to the doctor's discretion to determine whether the moral problem involved is of sufficient personal importance or interest to warrant acquisition of the title by purchase or library loan.

The omission of references to such familiar clergy publications as *American Ecclesiastical Review*, *Homiletic and Pastoral Review*, *The Priest*, etc. is in no sense intended as derogatory to those periodicals or to their contributors in matters moral. It is happily true that, although none of those periodicals is devoted exclusively to medical problems, they have frequently contained expressions of medico-moral doctrine which should be regarded with highest respect by any moralist worthy of the name. But the further fact remains that, wherever the situation warrants it, those very opinions, together with accurate references to their original sources, have been conscientiously incorporated into the professedly medical literature actually included in the index. Hence expediency has again prevailed, this time to discourage the seemingly needless multiplication of entities which would result from re-doing what the authors cited have already done.

* * *

It is but repeating the obvious to state that no case book however ingenious, and a *fortiori* no mere index to the solution of moral cases can ever supply for the absolutely essential requisite to consistently correct moral judgments, viz. familiarity with and fidelity to basic moral principles. That latter obligation will always remain to a large extent the personal responsibility of the individual physician. And the purpose of this index will have been achieved if, to any notable degree, it facilitates his faithful discharge of that professional duty.

Additional copies of this Index are available at 25c each, from LINACRE QUARTERLY, 1438 So. Grand Blvd., St. Louis 4, Mo. Quantity quotations for 12 or more.

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T. L. Bouscaren, S.J., *Ethics of Ectopic Operations*, Milwaukee: Bruce

EDUCATION—*medical and Catholic doctrine*

LQ: Apr. '43, 31 ff.
(E. Hull, M.D.)

EMBALMING—*time interval after death*
TS: 10, (1949), 88 f. (K)

EPIDIDYMES

—*aspiration of semen from*

MMP: II, 15 ff.

LQ: May '54, 56

(J. J. Lynch, S.J.)

EPIDIDYMITIS—*and vasectomy*

MMP: II, 36 f.

EPISIOTOMY

MMP: IV, 21

ERGOT—*and abortion*

MMP: II, 10 ff.

ETHICS—*in medicine*

MMP: I, 1 ff. and 5 ff.

II, 1 ff. and 4 ff.

LQ: Nov. '53, 112 ff.

(G. Kelly, S.J.)

Oct. '41, 81 ff.

(J. F. Quinlan, M.D.)

July '41, 53 ff.

(J. F. Quinlan, M.D.)

Oct. 37, 86 ff.

(E. L. Keyes, M.D.)

Sept. '35, 64 ff. and Dec.

'35, 8 ff. (F. J. Dore, S.J., M.D.)

EUCCHARISTIC—*fast*

Cf. Communion—*fast before*

EUTHANASIA

—*conflicting Protestant views*

LQ: Nov. '51, 91 ff.

(F. P. Furlong, S.J.)

—*legal aspects*

LQ: Apr. '47, 1 ff.

(V. C. Allred, LL.B.)

—*medico-moral aspects*

MMP: III, 1 ff.

LQ: Nov. '50, 3 ff.

(G. Kelly, S.J.)

Feb. '50, 1

Apr. '47, 27 ff.

(H. Werts, S.J.)

Apr. '47, 16 ff.

(A. M. Schwitalla, S.J.)

July '41, 59 f.

(J. F. Quinlan, M.D.)

Apr. '41, 27 f.

Apr. '38, 38 ff.

(J. T. Neary, Esq.)

Jan. '37, 10 ff.

(Rev. G. E. O'Donnell)

TS: 13 (1952), 72 ff. (K)

12 (1951), 65 ff. (K)

J. C. Ford, S.J., *Mercy Murder*
(America Press pamphlet)

—*Protestant ministers against*

TS: 12 (1951), 65 (K)

EVENING MASS—*obligation to attend*

TS: 11 (1950), 58 f. (K)

EXPERIMENTATION

—*on criminals*

TS: 9 (1948), 90 (K)

—*on innocent*

LQ: Nov. '52, 98 ff. (Pius XII)

TS: 15 (1954), 75 ff. (K-F)

14 (1953), 44 (K)

9 (1948), 89 f. (K)

6 (1945), 534 ff. (F)

JAMA: Feb. 28, 1953, Vol. 151,
711-716 (Drew-Ford)

—*medical and legal aspects*

TS: 15 (1954), 76 (K-F)

—*Nuremberg Tribunal on*

LQ: Nov. '53, 114 ff.

(G. Kelly, S.J.)

TS: 15 (1954), 76 (K-F)

EXTRAORDINARY—*means of preserving life*

Cf. Means of Preserving Life

EXTREME UNCTION

—*relation of physician to*

LQ: Nov. '53, 123 ff.

(C. J. Handron, M.D.)

F

FALLOTOMY

LQ: Feb. '51, 11 f.

(F. P. Furlong, S.J.)

FAST—*Eucharistic*

MMP: IV, 42 ff.

LQ: May '53, 31 ff.

(G. Kelly, S.J.)

J. C. Ford, S.J., *The New Eucharistic Legislation*,
New York: Kenedy, \$1.50

FASTING—*relative norm*

TS: 13 (1952), 90 (K)

FEDERATION OF CATHOLIC PHYSICIANS'

GUILDS

LQ: Feb. '54, 21 f.

(F. Kessler and J. Hanss)

Nov. '50, 18 ff.

(I. W. Cox, S.J.)

July '40, 57 ff.

(I. W. Cox, S.J.)

Jan. '38, 13 ff.

(J. F. McDonald, M.D.)

FEE-SPLITTING

- LQ: Feb. '53, 15 ff.
(G. Kelly, S.J.)
Nov. '52, 108 f.
(G. Kelly, S.J.)
Oct. '37, 89
(E. L. Keyes, M.D.)

FERTILITY CONTROL

- LQ: Aug. '53, 83 ff. and Nov.
'53, 118 ff. (J. J. Lynch,
S.J.)
TS: 15 (1954), 98 f. (K-F)

G

GONADAL TRANSPLANT

- MMP: III, 26 ff.
TS: 12 (1951), 67 (K)

GUILDS

—history of

- LQ: Oct. '44, 76 ff.
(J. J. Masterson, M.D.)
July '44, 57 ff.
(C. Zawisch, M.D.)
Oct. '40, 96 ff.
(E. F. McLaughlin, M.D.)

—purpose of

- LQ: Feb. '54, 21 f.
(F. Kessler and J. Hanss)
Feb. '53, 17 f.
(G. Kelly, S.J.)
Nov. '50, 18 ff.
(I. W. Cox, S.J.)
July '42, 68 ff. (Rt.
Rev. M. J. Gruenewald)
July '40, 57 ff.
(I. W. Cox, S.J.)
Oct. '38, 99 ff.
(Rev. J. M. Mueller)
Jan. '38, 13 ff.
(J. F. McDonald, M.D.)
Mar. '33, 27 f. (anon.)
Dec. '32, 4 f.
(A. Bassler, M.D.)

GYNECOLOGY OF INFERTILITY

- LQ: May '54, 40 ff.
(J. B. Doyle, M.D.)

H

HEART DISEASE—*and pregnancy*

- LQ: Feb. '52, 15 ff.
(R. J. Heffernan, M.D.
and W. A. Lynch, M.D.)

HEMORRHAGE—*and ergot*

- MMP: II, 10 ff.

HEREDITY AND RIGHT TO MARRIAGE

- TS: 15 (1954), 94 f. (K-F)

HERMAPHRODITES—*medical determination of sex*

- TS: 10 (1949), 115 f. (K)

HESPERIDIN—*as antifertility factor*

- LQ: Aug. '53, 83 ff. and Nov.
'53, 118 ff. (J. J. Lynch,
S.J.)

HOLY OFFICE

—*authority of*

- MMP: III, 1 f.

—*on abortion*

- MMP: III, 9 f.
LQ: Feb. '51, 15 f.
(F. P. Furlong, S.J.)

—*on artificial insemination*

- MMP: III, 26 f.

—*on cremation*

- MMP: I, 51 ff.

—*on ectopics*

- MMP: I, 17 ff.

—*on eucharistic fast*

- MMP: IV, 42 ff.
LQ: May '53, 31 ff.
(G. Kelly, S.J.)

—*on euthanasia*

- MMP: III, 2 f.

—*on sterilization*

- LQ: Aug. '53, 86 f.
(J. J. Lynch, S.J.)
TS: 8 (1947), 101 f. (K)

HOMOSEXUALITY

- LQ: Oct. '49, 21 f.
(G. Kelly, S.J.)
TS: 11 (1950), 66 f. (K)
The Invert ("Anomaly")
London: Baillière, Tindall
and Cox, Ltd., 1948

HORMONE THERAPY—*and sex impulse*

- LQ: Aug. '50, 12 f.
(G. Kelly, S.J.)
TS: 2 (1941), 532 f. (F)

HOSPITAL CODE—*Catholic*

- MMP: I, 1 ff. and 5 ff.
II, 1 ff. and 4 ff.
IV, 7 f.
LQ: Feb. '51, 12 ff.
(F. P. Furlong, S.J.)

HOSPITAL RECORDS

—*privileged information*

- LQ: Jan. '37, 14 ff.
(A. M. Schwitalla, S.J.)

HOUR OF DEATH

- LQ: Oct. '40, 85 ff.
(Rev. N. J. Gilbert)

HYDRIAMNIOS

- LQ: Feb. '52, 8 (G. Kelly, S.J.)
July '39, 56 ff.
(H. A. Davis, S.J.)
July '39, 53 ff.
(A. H. Schmitt, M.D.)

HYDROCEPHALIC—*delivery of*

MMP: III, 17 ff.

IV, 23

LQ: Nov. '50, 14 f.

(G. Kelly, S.J.)

TS: 5 (1944), 513 f. (F)

HYPEREMESIS GRAVIDARUM

MMP: I, 10 ff.

LQ: July '38, 56 ff.

(J. K. Latchford, M.D.)

HYSTERECTOMY

—*cases of*

MMP: IV, 35 ff.

—*at cesarean section*

MMP: II, 32 ff.

LQ: Feb. '50, 3 f.

(G. Kelly, S.J.)

—*scarred uterus*

TS: 15 (1954), 68 ff. (K-F)

12 (1951), 69 ff. (K)

8 (1947), 103 f. (K)

5 (1944), 516 f. (F)

—*unnecessary*

TS: 15 (1954), 71 f. (K-F)

—*for uterine hemorrhage*

MMP: I, 30 ff.

I

IMPOTENCY

—*concept of*

TS: 13, (1952), 77 f. (K)

—*and double vasectomy*

TS: 11, (1950), 71 (K)

10, (1949), 116 (K)

IMPUTABILITY

—*principle of*

MMP: 1, 11 f.

INCIDENTAL SURGERY

MMP: I, 35 ff.

IV, 39 f.

TS: 9 (1948), 90 ff. (K)

INDUCTION OF LABOR

MMP: IV, 24 ff.

INDULGENCES—*gaining of*

TS: 2 (1941), 542 f. (F)

INFERTILITY PROBLEMS

—*medical and moral*

LQ: May '54,

37 ff. (J. J. Carty, M.D.)

40 ff. (J. B. Doyle, M.D.)

45 ff. (F. W. Drinan, M.D.)

47 ff. (R. E. Stiles, M.D.)

50 ff. (P. Quinn, M.D.)

53 ff. (J. J. Lynch, S.J.)

INTEGRITY

—*confession in hospital ward*

TS: 10 (1949), 104 f. (K)

—*of confession and converts*

TS: 12 (1951), 343 ff. (K)

INTERRACIAL MARRIAGE

TS: 13 (1952), 69 f. (K)

J

JEWISH ATTITUDES ON MORALITY

LQ: May '53, 32 ff.

(G. Kelly, S.J.)

K

KILLING—*direct vs. per se*

TS: 14 (1953), 38 ff. (K)

KINSEY REPORT

TS: 15 (1954), 92 ff. (K-F)

L

LABOR

—*induction of*

MMP: IV, 24 ff.

LATZ FOUNDATION

LQ: Dec. 34, 8 ff.

(L. E. Latz, M.D.)

LEUKEMIA AND PREGNANCY

LQ: Feb. '52, 21

(R. J. Heffernan, M.D.)

and W. A. Lynch, M.D.)

LIE DETECTOR

LQ: Apr. '43, 28 ff.

(J. F. Kubis, Ph.D.)

Apr. '37, 24 ff.

(W. G. Summers, S.J.)

—*legal status*

LQ: Apr. '37, 29 ff.

(Justice Wm. H. Black)

LINACRE, THOMAS

LQ: June '35, 50 f.

(J. J. Walsh, M.D.)

June '33, 50 f.

(A. Bassler, M.D.)

LOBOTOMY

MMP: I, 40 ff.

II, 42 ff.

III, 29 ff.

LQ: May '53, 36 f.

(G. Kelly, S.J.)

May '51, 51 f.

(F. P. Furlong, S.J.)

Nov. '50, 16 f.

(G. Kelly, S.J.)

Oct. '49, 16 ff.

(G. Kelly, S.J.)

TS: 14 (1953), 44 f. (K)

11 (1950), 45 ff. (K)

10 (1949), 88 (K)

—*for alcoholism and drug addiction*

MMP: II, 43 f.

- for intractable pain*
 MMP: III, 29 ff.
 LQ: May '53, 36 f.
 (G. Kelly, S.J.)
 May '51, 51 f.
 (F. P. Furlong, S.J.)
 Nov. '50, 17 (G. Kelly, S.J.)
 TS: 13 (1952), 73 ff. (K)
 11 (1950), 47 (K)
- M
- MARITAL RIGHTS—*of sinfully sterilized*
 TS: 5 (1944), 141 ff.
 (J. Clifford, S.J.)
- MARRIAGE
- interracial*
 TS: 13 (1952), 69 f. (K)
- invalid: pastoral treatment of*
 TS: 15 (1954), 89 f. (K-F)
- proof of non-consummation*
 LQ: Aug. '52, 61 ff. (Rev. P. V.
 Harrington and J. B.
 Doyle, M.D.)
- MASS—*without a server*
 TS: 13 (1952), 98 ff. (K)
 11 (1950), 577 ff. (K)
 9 (1948), 108 ff. (K)
- MEANS OF PRESERVING LIFE
 LQ: Feb. '51, 22 ff.
 (T. J. O'Donnell, S.J.)
 Aug. '50, 10 ff.
 (G. Kelly, S.J.)
 TS: 15 (1954), 74 f. (K-F)
 11 (1950), 203 ff. and 12
 (1951), 550 ff. (K)
 3 (1942), 591 (F)
 JAMA: Feb. 28, 1953, Vol. 151,
 711-716 (Drew-Ford)
- MEDICAL AUDIT
 LQ: Feb. '54, 15 ff.
 (C. E. Berry, M.S.H.A.)
- MEDICAL EDUCATION
 —*and Catholic doctrine*
 LQ: Apr. '43, 31 ff.
 (E. Hull, M.D.)
- MEDICAL ETHICS
 Cf. Ethics
- MEDICAL SCIENCE—*and the law*
 LQ: Jan. '38, 17 ff.
 (Walter B. Kennedy)
- MENORRHAGIA
 MMP: I, 30 ff.
- MENTAL DEFECTIVES
 —*moral responsibility of*
 LQ: Oct. '47, 8 ff.
 (P. C. Simonart, M.D.)
 TS: 10 (1949), 84 f. (K)
- sacraments to*
 TS: 14 (1953), 69 ff. (K)
 11 (1950), 59 (K)
- and scruples*
 LQ: Apr. '42, 36 ff.
 (J. F. McDonald, M.D.)
- MENTAL DISEASE—*and pregnancy*
 LQ: Feb. '52, 17 f.
 (R. J. Heffernan, M.D.
 and W. A. Lynch, M.D.)
- MENTAL HYGIENE AND RELIGION
 LQ: Apr. 41, 29 ff.
 (T. V. Moore, O.S.B.)
- METASTASIS—*prevention of*
 MMP: I, 21 ff. and 25 ff.
- MUTILATION
 —*principle of*
 MMP: I, 21 ff. and 28 and 35 ff.
 LQ: Aug. '53, 85 ff.
 (J. J. Lynch, S.J.)
 TS: 9 (1948), 93 ff. (K)
 N
- NARCOANALYSIS—*in criminal proceedings*
 LQ: Nov. '53, 107 ff.
 (G. Kelly, S.J.)
 Nov. '50, 10 (G. Kelly, S.J.)
 Oct. '49, 16 (G. Kelly, S.J.)
 TS: 12 (1951), 67 f. (K)
 10 (1949), 87 f. (K)
 8 (1947), 104 (K)
- NARCOTHERAPY
 MMP: I, 44 ff.
 LQ: Nov. '53, 107 ff.
 (G. Kelly, S.J.)
 Nov. '50, 10 (G. Kelly, S.J.)
 Oct. '49, 14 ff.
 (G. Kelly, S.J.)
 TS: 12 (1951), 67 f. (K)
 10 (1949), 87 f. (K)
 8 (1947), 104 (K)
- NARCOTICS—*moral right to administer*
 LQ: Apr. '47, 19 f.
 (A. M. Schwaitalla, S.J.)
- NATURAL LAW—*meaning and extent*
 MMP: I, 6 f.
- NEPHRITIS—*and pregnancy*
 LQ: Feb. '52, 20
 (R. J. Heffernan, M.D.
 and W. A. Lynch, M.D.)
- NEUROSES—*reasons for*
 LQ: June '36, 47 ff.
 (J. F. McDonald, M.D.)
- NEUROSURGERY
 LQ: May '53, 38 ff.
 (T. P. R. Hinchey, M.D.)

NON-CATHOLICS

—*and our Code*

MMP: I, 5 ff.

—*assistance of dying*

MMP: III, 38 f.

TS: 2 (1941), 543 (F)

NON-CONSUMMATION—*of marriage, indications and proof*

LQ: Aug. '52, 61 ff.

(Rev. P. V. Harrington
and J. B. Doyle, M.D.)

O

OCCASION OF SIN

TS: 11 (1950), 64 f.

ONANISM—*theological concept*

LQ: Nov. '53, 120 f.

(J. J. Lynch, S.J.)

ONANIST—*in good faith, confession of*

TS: 11 (1950), 61 f.

OOPHORECTOMY

—*for excessive uterine bleeding*

MMP: I, 30 ff.

—*to prevent metastasis*

MMP: I, 21 ff.

II, 23 ff.

LQ: Nov. '53, 106 f.

(G. Kelly, S.J.)

Jan. '42, 4 f.

(J. C. Ford, S.J.)

ORCHIDECTOMY—*to prevent metastasis*

MMP: I, 25 ff.

LQ: Nov. '53, 106 f.

(G. Kelly, S.J.)

ORDINARY AND EXTRAORDINARY MEANS TO PRESERVE LIFE

Cf. Means of Preserving Life

ORGANIC TRANSPLANTATION

Cf. Transplant

ORIGINAL SIN—*and education*

LQ: Aug. '50, 13 ff.

(C. Vollert, S.J.)

OTOSCLEROSIS AND PREGNANCY

LQ: Feb. '52, 23 f.

(R. J. Heffernan, M.D.
and W. A. Lynch, M.D.)

JAMA: Apr. 24, 1954, Vol. 154,

No. 17, 1407-1409

(T. E. Walsh, M.D.)

OVARIAN TRANSPLANT

MMP: III, 26 ff.

TS: 12 (1951), 67 (K)

OVERPOPULATION—*myth of*

LQ: May '52, 50 ff. (C. H.

Mihanovich, Ph.D.)

OVULATION—*calculation of*

LQ: Feb. '50, 23 ff.

(J. B. Doyle, M.D.)

P

PAIN RELIEF

—*at childbirth*

LQ: Apr. '40, 35 ff.

(T. U. Bolduc, S.M.)

—*by lobotomy*

Cf. Lobotomy

—*with narcotics*

LQ: Apr. '47, 19 f.

(A. M. Schwitalla, S.J.)

PARTNERSHIPS—*medical*

LQ: Feb. '54, 4 ff.

(J. J. Lynch, S.J.)

PATHOLOGIST—*structures to*

MMP: IV, 19

PENANCES—*minimum grave*

TS: 15 (1954), 91 f. (K-F)

PERNICIOUS VOMITING—*in pregnancy*

MMP: I, 10 ff.

LQ: July '38, 56 ff.

(J. K. Latchford, M.D.)

PESSARY—*and natural intercourse*

TS: 15 (1954), 96 f. (K-F)

13 (1952), 79 f. (K)

PHOSPHORYLATED HESPERIDIN

LQ: Aug. '53, 83 ff. and Nov.

'53, 118 ff.

(J. J. Lynch, S.J.)

PHYSICIANS' GUILDS

Cf. Guilds

PIIUX XI

—*on abortion*

MMP: I, 13

III, 10 f.

—*on contraception*

LQ: Nov. '53, 119

(J. J. Lynch, S.J.)

—*on mutilation*

MMP: I, 21 ff.

III, 24

TS: 9 (1948), 93 ff. (K)

8 (1947), 99 ff. (K)

—*on rhythm*

LQ: Mar. '33, 24

PIIUX XII

—*on artificial insemination*

MMP: II, 14 ff.

III, 26

LQ: Oct. '49, 1 ff.

TS: 11 (1950), 67 f. (K)

—on *contraception*

LQ: Nov. '53, 119
(J. J. Lynch, S.J.)

—on *eucharistic fast*

MMP: IV, 42 ff.
LQ: May '53, 31 ff.
(G. Kelly, S.J.)

—on *euthanasia*

MMP: III, 2 f.

—on *medical research and treatment*

LQ: Nov. '52, 98 ff.

—on *moral responsibility*

TS: 15 (1954), 61 f. (K-F)

—on *narcoanalysis*

LQ: Nov. '53, 107 ff.
(G. Kelly, S.J.)
TS: 15 (1954), 84 (K-F)

—on *obligation of procreation*

TS: 13 (1952), 82 f. (K)

—on *psychotherapy and clinical psychology*

LQ: Nov. '53, 97 ff.
Aug. '53, 57 ff.
(J. C. Ford, S.J.)

—on *rhythm*

MMP: IV, 29 ff.
LQ: Nov. '52, 111 ff.
(G. Kelly, S.J.)
May '52, 39 ff.
(G. Kelly, S.J.)
TS: 13 (1952), 81 f. (K)

—on *sterilizing treatment of cancer*

LQ: Nov. '53, 106 f.
(G. Kelly, S.J.)

—to *urologists*

LQ: Nov. '53, 106 f.
(G. Kelly, S.J.)

PREGNANCY—*tubal*

Cf. Ectopic

PREMARITAL INSTRUCTION—*doctor's role*

LQ: May '54, 62 f.
(J. J. Lynch, S.J.)
Aug. '53, 68
(J. F. Cronin, S.S.)
Feb. '52, 9 (G. Kelly, S.J.)

PRESERVING LIFE

Cf. Means of Preserving Life

PRIVILEGED INFORMATION

LQ: July '45, 16
(A. M. Schwitalla, S.J.)
9 (V. C. Moscato, M.D.)
Jan. '37, 14 ff.
(A. M. Schwitalla, S.J.)
TS: 4 (1943), 590 ff. (F)

—in *narcotherapy*

MMP: I, 46

PRIZE FIGHTING

LQ: Nov. '53, 109 f.
(G. Kelly, S.J.)
Feb. '52, 7 (G. Kelly, S.J.)
TS: 14 (1953), 63 (K)
13 (1952), 86 f. (K)
12 (1951), 75 ff. (K)
12 (1951), 301 ff.
(E. Hillman, C.S.Sp.)
6 (1945), 540 (F)

PROCREATION—*obligation of*

MMP: IV, 29 ff.
LQ: Nov. '52, 111 ff.
(G. Kelly, S.J.)
May '52, 41 ff.
(G. Kelly, S.J.)
TS: 14 (1953), 54 ff. (K)
13 (1952), 82 f. (K)

PROFESSIONAL SECRECY

Cf. Privileged Information

PROSTATE—*carcinoma of*

MMP: I, 25 ff.
II, 35 ff.
LQ: Nov. '53, 106 f.
(G. Kelly, S.J.)

PROSTATECTOMY—*and vasectomy*

MMP: II, 35 ff.

PROTESTANT MINISTER—*summoning to Catholic hospital*

TS: 10 (1949), 71 ff. (K)

PSYCHIATRIC PROBLEMS OF INFERTILITY

LQ: May '54, 50 ff.
(P. Quinn, M.D.)

PSYCHIATRY AND CATHOLICISM

LQ: May '54, 64 ff. (W. J. Devlin, S.J., M.D.)
May '54, 61 ff.
(J. J. Lynch, S.J.)
Aug. '53, 57 ff.
(J. C. Ford, S.J.)
Nov. '50, 11 ff.
(G. Kelly, S.J.)
Aug. '50, 13 ff.
(C. Vollert, S.J.)
Aug. '50, 3 ff.
(G. Kelly, S.J.)
Oct. '43, 73 ff.
(J. G. Keegan, S.J.)

PSYCHIATRISTS AND PRIESTS

—*common grounds*

LQ: Oct. '47, 1 ff.
(R. C. McCarthy, S.J.)

PSYCHOANALYSIS

—*Catholic writings on*

TS: 15 (1954), 63 f. (K-F)

—morality of

LQ: Aug. '53, 57 ff.
(J. C. Ford, S.J.)

Aug. '50, 5 ff.
(G. Kelly, S.J.)

TS: 15 (1954), 62 ff. (K-F)
10 (1949), 85 f. (K)
5 (1944), 510 f. (F)
2 (1941), 531 f. (F)

—and scrupulous

TS: 14 (1953), 37 (K)

PSYCHONEUROSSES

LQ: Apr. '38, 27 ff.
(R. F. Sheehan, M.D.)

PSYCHOPATH—*ability to give marital consent*

TS: 15 (1954), 64 f. (K-F)

PSYCOPATHIC PERSONALITY

LQ: Oct. '37, 81 ff.
(R. F. Sheehan, M.D.)

PSYCHOSOMATIC DISORDERS

LQ: Mar. '34, 21 ff.
(J. F. MacDonald, M.D.)

PSYCHOSURGERY—*morality of*

TS: 14 (1953), 44 f. (K)
13 (1952), 73 ff. (K)

R

RACISM

LQ: Nov. '53, 110 f.
(G. Kelly, S.J.)
TS: 15 (1954), 80 f. (K-F)
13 (1952), 67 ff. (K)
10 (1949), 92 f. (K)
8 (1947), 112 f. (K)

READING—*recommended for doctors*

Cf. Catholic Medical Publications

RECIDIVIST—*confession of*

TS: 11 (1950), 63 f. (K)
9 (1948), 112 f. (K)

RECORDING GALVANOMETER

LQ: Apr. '37, 24 ff.
(W. G. Summers, S.J.)

RECORDS

—hospital: privileged information

LQ: Jan. '37, 14 ff.
(A. M. Schwitalla, S.J.)

RELIGION AND MENTAL HYGIENE

LQ: Apr. '41, 29 ff.
(T. V. Moore, O.S.B.)

RESEARCH—*moral limits of*

LQ: Nov. '52, 98 ff. (Pius XII)

RESPONSIBILITY

—moral

TS: 15 (1954), 59 ff. (K-F)
14 (1953), 34 (K)

—of mentally ill

LQ: Oct. '47, 8 ff.
(P. C. Simonart, M.D.)

Oct. '47, 16 ff.
(R. E. Britt, M.D.)

TS: 10 (1949), 84 f. (K)
2 (1941), 530 f. (F)

Rh FACTOR

—medical aspects

LQ: Feb. '52, 21 f.
(R. J. Heffernan, M.D.
and W. A. Lynch, M.D.)
Jan. '47, 1 ff.
(D. K. Kaump, M.D.)

—moral aspects

LQ: Jan. '47, 9 ff.
(A. M. Schwitalla, S.J.)
TS: 9 (1948), 96 f. (K)

RHYTHM

—difficulty in practicing

LQ: Feb. '52, 8 f.
(G. Kelly, S.J.)

—doctor advising

LQ: Nov. '52, 115 f.
(G. Kelly, S.J.)

—Latz Foundation

LQ: Dec. '34, 8 ff.
(L. E. Latz, M.D.)

—moral aspects

MMP: II, 26 ff.
IV, 29 ff.
LQ: Nov. '52, 111 ff.
(G. Kelly, S.J.)
May '52, 39 ff.
(G. Kelly, S.J.)
July '49, 8 f.
(G. Kelly, S.J.)
Oct. '38, 85 ff.
(A. Vermeersch, S.J.)
Mar. '33, 23 ff. ("Ethicus")
TS: 15 (1954), 100 f. (K-F)
14 (1953), 54 ff. (K)
13 (1952), 81 f. (K)
11 (1950), 71 ff. (K)
8 (1947), 104 ff. (K)
5 (1944), 508 ff. (F)

—prudence in advocating

LQ: Sept. '33, 61 ff. ("Ethicus")

—sociological aspects

LQ: May '52, 44 ff.
(G. J. Schnepf, S.M. and
J. P. Mundi, M.A.)

RUBELLA AND PREGNANCY

LQ: Feb. '52, 22 f.
(R. J. Heffernan, M.D.
and W. A. Lynch, M.D.)

S

SACRAMENTS

—administering to mental defectives

TS: 14 (1953), 69 ff. (K)

- to dying unconscious*
 TS: 13 (1952), 94 ff. (K)
 10 (1949), 99 (K)
- SCANDAL—*malice of*
 LQ: Feb. '54, 8 ff.
 (J. J. Lynch, S.J.)
- SCIENCE AND RELIGION
 LQ: Jan. '41, 3 ff.
 (H. S. Taylor)
- SCRUPLES AND MENTAL DISEASES
 LQ: Apr. '42, 36 ff.
 (J. F. McDonald, M.D.)
- SCRUPULOSITY
 TS: 11 (1950), 35 ff. (K)
- SCRUPULOUS PENITENT—*and confession*
 TS: 12 (1951), 54 ff. (K)
- SEMEN—*natural purpose of*
 TS: 10 (1949), 112 f. (K)
- SEMINAL SPECIMEN
 —*examination of*
 TS: 13 (1952), 83 f. (K)
 —*procuring of*
 Cf. Sterility Tests
- SERVER—*Mass without*
 TS: 13 (1952), 98 ff. (K)
 11 (1950), 577 ff. (K)
- SERVILE WORK—*on Sunday*
 TS: 13 (1952), 89 f. (K)
 12 (1951), 81 f. (K)
 9 (1948), 105 ff. (K)
- SEX INSTRUCTION
 Cf. Premarital Instruction
- SEX INVERSION
 LQ: Oct. '49, 21 f.
 (G. Kelly, S.J.)
 TS: 11 (1950), 66 f. (K)
The Invert, ("Anomaly")
 London: Baillière, Tindall
 and Cox, Ltd., 1948
- SEX MORBIDITY—*and hormone therapy*
 TS: 2 (1941), 532 f. (F)
- SEX REVERSAL
 TS: 13 (1952), 78 f. (K)
- SOCIAL HYGIENE—*human values in*
 LQ: July '47, 8 ff.
 (A. M. Schwitalla, S.J.)
- SOCIAL MEDICINE
 LQ: Oct. '43, 86 ff.
 (R. H. Shouten, S.J.)
- SOCIAL RESPONSIBILITY
 LQ: May '50, 9 ff.
 (F. L. Feierabend, M.D.)
- SOCIALIZED MEDICINE
 LQ: Nov. '51, 85 ff.
 (Most Rev. K. J. Alter)
 Oct. '49, 7 ff.
 (Most Rev. R. J. Cushing)
 Oct. '40, 83 f.
 (W. D. O'Leary, S.J.)
 Mar. '35, 30 ff.
 (W. G. Summers, S.J.)
- SODIUM PENTOTHAL
 MMP: I, 44 ff.
 LQ: Oct. '49, 14 ff.
 (G. Kelly, S.J.)
- SPIRITUAL ADVICE—*from doctor*
 LQ: May '54, 62 f.
 (J. J. Lynch, S.J.)
 Feb. '52, 9 (G. Kelly, S.J.)
 Feb. '50, 11 ff.
 (Rev. T. O'Connell)
- STAFF MEETINGS
 —*chaplain's attendance at*
 LQ: Aug. '53, 77 f. (Rev.
 A. J. Rotondi, M.D.)
- STERILIZATION
 —*at cesarean section*
 LQ: July '38, 68 (anon.)
 Cf. Hysterectomy
 —*direct and indirect*
 MMP: I, 21 ff.
 LQ: Aug. '53, 83 ff.
 (J. J. Lynch, S.J.)
 Feb. '51, 9 ff.
 (F. P. Furlong, S.J.)
 Feb. '50, 2 f.
 (G. Kelly, S.J.)
 Jan. '42, 4 f.
 (J. C. Ford, S.J.)
 TS: 12 (1951), 68 f. (K)
 8 (1947), 101 ff. (K)
 —*eugenic and punitive*
 LQ: Feb. '51, 7 f.
 (F. P. Furlong, S.J.)
 July '41, 56 ff.
 (J. F. Quinlan, M.D.)
 Sept. '36, 56 f. (anon.)
 Dec. '35, 9 f.
 (F. J. Dore, S.J. M.D.)
 Sept. '34, 59 ff.
 (Prisoner No. 28702,
 G. W. Winkler)
 TS: 11 (1950), 42 f. (K)
 9 (1948), 95 f. (K)
 5 (1944), 518 (F)
 3 (1942), 593 (F)
 —*eugenic, scientifically unsound*
 LQ: Mar. '36, 26 ff.
 (N. M. MacNeill, M.D.)
 Mar. '35, 26 ff. (anon.)

June '34, 41 ff.
(J. J. Walsh, M.D.)
Dec. '33, 5 ff.
(A. Fraser, M.D.)

STERILIZED—*marital rights of*
TS: 5 (1944), 141 ff.
(J. J. Clifford, S.J.)

STERILITY TESTS
MMP: II, 14 ff.
LQ: May '54, 37-63, *passim*
TS: 10 (1949), 107 ff. (K)
4 (1943), 589 f. (F)

STRUCTURES TO PATHOLOGIST
MMP: IV, 19

SUFFERING AND THE PHYSICIAN
LQ: Feb. '54, 12 ff.
(M. D. Garry, O.P.)

SUPERVISORS—*obligation in O.R.*
MMP: IV, 17 f.

SURGERY
—*incidental and prophylactic*
MMP: I, 35 ff.
IV, 39 f.
—*and medieval science*
LQ: June '33, 48 ff.
(J. J. Walsh, M.D.)
—*palliative*
LQ: May '53, 27 ff.
(R. V. Condon, M.D.)
JAMA: Feb. 1953, Vol. 151,
711-716 (Drew-Ford)

—*unnecessary*
MMP: IV, 38 ff.
LQ: Nov. '53, 116 f.
(G. Kelly, S.J.)
May '51, 50 f.
(F. P. Furlong, S.J.)

T

TAMPONS—*vaginal*
LQ: Feb. '52, 7 f.
(G. Kelly, S.J.)
Nov. '50, 15 f.
(G. Kelly, S.J.)
Feb. '50, 5 f.
(G. Kelly, S.J.)
TS: 15 (1954), 97 f. (K-F)

TEMPO-GRAPH
LQ: Feb. '50, 9 f.
(G. Kelly, S.J.)

TRANSPLANT—*organic*
MMP: III, 22 ff.
TS: 12 (1951), 67 (K)
8 (1947), 97 ff. (K)
5 (1944), 517 f. (F)

TRUTH DRUGS

MMP: I, 44 ff.
LQ: Nov. '53, 107 ff.
(G. Kelly, S.J.)
Nov. '50, 10 (G. Kelly, S.J.)
Oct. '49, 14 ff.
(G. Kelly, S.J.)
Mar. '36, 21 f.
(M. G. Golden, M.D.)
TS: 15 (1954), 84 (K-F)
11 (1950), 44 f. (K)
10 (1949), 87 f. (K)
8 (1947), 104 (K)

TUBAL PREGNANCY
Cf. Ectopics

TUBERCULOSIS AND PREGNANCY
LQ: Feb. '52, 12 ff.
(R. J. Heffernan, M.D.
and W. A. Lynch, M.D.)
Apr. '44, 35 ff.
(E. Hull, M.D.)

TWILIGHT SLEEP
LQ: Apr. '40, 35 ff.
(Rev. T. U. Bolduc, S.M.)

U

ULCERATIVE COLITIS AND PREGNANCY
LQ: Feb. '52, 24
(R. J. Heffernan, M.D.
and W. A. Lynch, M.D.)

UNCONSCIOUS
—*administration of sacraments to*
MMP: I, 48 f.
IV, 39, f. and 41 ff.
TS: 13 (1952), 94 ff. (K)
10 (1949), 99 (K)

UNNECESSARY SURGERY
Cf. Surgery

UROLOGY OF INFERTILITY
LQ: May '54, 47 ff.
(R. E. Stiles, M.D.)

UTERINE BLEEDING—*therapeutic measures*
MMP: I, 30 ff.

V

VAGINAL TAMPONS
Cf. Tampons

VASECTOMY
—*and impotency*
TS: 10 (1949), 116 (K)
9 (1948), 113 ff. (K)
6 (1945), 392 ff.
(E. H. Nowlan, S.J.)
5 (1944), 535 ff. (F)
—*legal and medical objections to*
LQ: May '51, 53 f.
(F. P. Furlong, S.J.)

—possible reversal of

- TS: 9 (1948), 113 f. (K)
 7 (1946), 453 ff.
 (J. J. Clifford, S.J.)
 6 (1945), 416 ff.
 (E. H. Nowlan, S.J.)

—with prostatectomy

- MMP: II, 35 ff.
 LQ: Nov. '53, 106 f.
 (G. Kelly, S.J.)
 TS: 11 (1950), 43 f. (K)

VENEREAL DISEASES

- LQ: July '47, 5 ff.
 (H. H. Hazen, M.D.)
 July '47, 1 ff.
 (Rev. D. A. McGowan)
 Oct. '45, 9 ff.
 (A. M. Schwitalla, S.J.)

Apr. '38, 32 ff.

(Rev. O. F. Kelly, M.D.)

VIRUS DISEASES AND PREGNANCY

- LQ: Feb. '52, 23
 (R. J. Heffernan, M.D.
 and W. A. Lynch, M.D.)

VIVISECTION

- LQ: Oct. '49, 13 f.
 (G. Kelly, S.J.)
 TS: 11 (1950), 47 f. (K)
 6 (1945), 537 ff (F)

VOMITING IN PREGNANCY

- MMP: I, 10 ff.
 LQ: July '38, 56 ff.
 (J. K. Latchford, M.D.)

REPORT OF ANNUAL MEETING OF THE FEDERATION OF CATHOLIC PHYSICIANS' GUILDS

The annual Meeting of the Executive Board of the Federation of Catholic Physicians' Guilds was held in San Francisco, Calif., June 23, 1954 at the St. Francis Hotel. Delegates from the following Guilds were present:

Bronx	Omaha
Brooklyn	Philadelphia
Denver	St. Louis
Los Angeles	Sacramento
Sioux Falls	

The minutes of the Winter meeting, December 1, 1953, were read and approved. It was reported that there are now 30 affiliated guilds. Of this number, five have affiliated with the Federation since the Winter meeting. It was also reported that a considerable number of new guilds are in the process of organizing.

The report on LINACRE QUARTERLY indicated there are 5,280 subscriptions to the journal of the Federation; of these, 2780 go to guild members. The balance of the subscription list includes doctors, priests, hospitals and libraries. The editor reported that it is still difficult to maintain enough articles for publication.

Rt. Rev. Msgr. McGowan, Moderator of the Federation, reported on the requests for information concerning guilds and the efforts which had been made to interest groups of physicians in this activity. This report led to a discussion of some of the activities sponsored by various guilds. This included reports on the teaching of medical-moral principles to interns and residents (Dr. O'Donnell, Los Angeles—the work of the guild in Philadelphia with medical students at non-Catholic medical colleges. Similar work was reported by the Omaha Guild. The Bronx Guild assists the Newman Club.)

Msgr. McGowan also strongly urged the guilds to emphasize in a particular way the observance of the Feast of St. Luke which occurs on October 18. He hoped that the guilds would develop an appropriate observance of the Feast of the Patron of Physicians which would correspond to the "Red Mass" attended annually by Catholic lawyers.

At the Winter meeting in St. Louis a proposed amendment to the constitution was submitted. At that time it was voted to submit the proposed amendment to the guilds as is prescribed in the constitution and to vote on it at the annual meeting in June 1954. The amendment which reads as follows was presented to the delegates for vote and passed unanimously:

Section 3, Article VI THE EXECUTIVE BOARD

The elected officers of the Federation, the past Presidents of the Federation, and one delegate from each active constituent Guild in good standing, shall constitute the Executive Board of the Federation. The past Presidents shall serve ex-officio, without voting privileges.

The time and place of the next Winter meeting was discussed. It was agreed that the Moderator, the President and the Editor of LINACRE QUARTERLY should select a suitable date for a meeting in St. Louis, before or after the meeting of the southern medical meeting early in November. There was also discussion which favored making the Winter meeting the annual meeting of the year.

Rt. Rev. Msgr. McGowan and Dr. William Chester, Past President of the Federation, are to represent the Federation at the International Meeting of Catholic Doctors in Dublin June 30 to July 4. It was reported also that all was in readiness for affiliation with the International Congress of Catholic Doctors.

A progress report was made on the Cana project which had been presented through the Bronx Guild by Mr. Thos. J. Mahon. Mr. Mahon personally explained the project to the delegates. It was voted to continue to study the project as more information became available. A report is to be made at the Winter meeting.

Dr. Carnazzo from the Omaha Guild asked the Board to consider further the financial plight of Catholic medical schools. The facts were reviewed for the delegates. It was voted to write to each guild and ask for suggestions of ways and means of helping finance Catholic medical education.

Dr. C. G. Krupp from Grand Rapids, Mich., came to the meeting and asked the delegates to consider a resolution on communism in medicine to be presented at the meeting of the International Congress of Catholic Doctors. The resolution was discussed and it was moved, seconded and passed that the resolution, after editorial revision, should be presented by Msgr. McGowan at the meeting in Dublin.

The meeting adjourned at noon so that the delegates could attend the luncheon sponsored by the Federation for Catholic physicians attending the A. M. A. convention. The Most Reverend Robert J. Armstrong, Bishop of Sacramento, was guest of honor at the luncheon. Dr. Henry Garland of the Radiology Department at Stanford University School of Medicine was guest speaker. He talked on cancer and its causes. Seventy-five physicians and guests were present at the luncheon.

THE GUILDS IN FOCUS

THE Catholic Physicians' Guild of Mobile, Ala. is the fifth group to become affiliated with the Federation since the beginning of the year. Organized in March, the following officers were elected: J. O. Muscat, President; T. J. Bender, Jr., M.D., Vice-President; H. J. Anlage, M.D., Secretary, and Rev. P. H. Yancey, S.J. of Spring Hill College, is Moderator. Father Yancey's Address to the Guild at its first meeting appears in this issue of LINACRE QUARTERLY.

Another Guild in the South is most welcome and it is hoped that success will attend all endeavors.

While not affiliated at this date of publication, Catholic doctors of St. Cloud, Minn. have organized the St. Mary's Physicians' Guild. The members are subscribers to LINACRE QUARTERLY and we hope that before long affiliation with the Federation will be effected. According to the Moderator, Rev. P. J. Riley, Chaplain of St. Cloud Hospital, there will be a retreat for the doctors and their wives in August. We look forward to further news of this group's activities as time goes along.

Rev. John J. Flanagan, S.J., Editor of LINACRE QUARTERLY, was the principal speaker at the annual dinner meeting of the Buffalo Catholic Physicians' Guild. In his address entitled "The Challenge to the Catholic Physician" Father Flanagan dwelled on the importance of continuing education in the profession to assure patients of the very best medical care.

Rt. Rev. Msgr. Donald A. McGowan, Moderator of the Federation, was guest speaker for the members of the Detroit Guild at their annual Communion Breakfast. Discussing "Science, Citizenship and Sanctity" Msgr. McGowan developed his theme to apply to the doctor with particular emphasis on holiness in his elevated specialty.

This Guild has ordered 100 sets of the *Medico-Moral Problems* booklets of Father Gerald Kelly, S.J., a set of which is to be given to the graduates of Wayne University College of Medicine, as a farewell

gift. This is most commendable; the booklets are excellent for reference and will be helpful on many occasions in their practice.

Word has come that Dr. John F. Conlin, member of the Guild of St. Luke of Boston, has been named medical director for Boston City Hospital and Long Island Hospital. For the past seven years Dr. Conlin has been Director of Information and Education for the Massachusetts Medical Society and is also a member of the Committee on Public Relations of the A. M. A. Best wishes are extended to Dr. Conlin in his new and important post.

Surgeon's Prayer

An early edition of LINACRE QUARTERLY contained the following prayer for surgeons: "Dear Saint Luke, friend and medical adviser to Saint Paul, guide my hand and my eye for the sake of my patient. Steady my nerves and my scalpel; watch the microbes and the nurses; make muscles, veins, arteries and nerves behave according to the book; keep an eye on the anæsthetist. Save us all from lapses of memory, fraying of tempers, confusion of bottles and instruments, miscounting of swabs and blunders of diagnosis. If it is 'kill or cure,' please cure; if it is 'kill or maim,' please maim, but save my patient and my reputation. And as there is no time for more praying, I say Amen."

—Msgr. Jackman in *Holy Roodlets*
reprinted in *Sentinel of the Blessed Sacrament*

Wanted

Anyone having an extra copy of the following issues of LINACRE QUARTERLY

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Vol. 21, No. 3—August 1953

will do a great favor to the Editorial Office by sending to 1438 So. Grand Blvd., St. Louis 4, Mo.

